

**Application Data Sheet****Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

COLLECTIN-COMPLEMENT

ACTIVATING PROTEIN CHIMERAS

KONGERSLEV2

Attorney Docket Number::

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 11

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Denmark

Status:: Full Capacity

Given Name:: Leif

Middle Name::  
Family Name:: KONGERSLEV  
Name Suffix::  
City of Residence:: Birkerod  
State or Province of Residence::  
Country of Residence:: Denmark  
Street of Mailing Address:: Biskop Svanes Vej 39  
City of Mailing Address:: Birkerod  
State or Province of Mailing Address::  
Country of Mailing Address:: Denmark  
Postal or Zip Code of Mailing Address:: 3460  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Denmark  
Status:: Full Capacity  
Given Name:: Dietmar  
Middle Name::  
Family Name:: WEILGUNY  
Name Suffix::  
City of Residence:: Virum  
State or Province of Residence::  
Country of Residence:: Denmark  
Street of Mailing Address:: Lindevangen 61  
City of Mailing Address:: Virum  
State or Province of Mailing Address::  
Country of Mailing Address:: Denmark  
Postal or Zip Code of Mailing Address:: 2830  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Denmark  
Status:: Full Capacity  
Given Name:: Finn  
Middle Name::  
Family Name:: MATTHIESEN  
Name Suffix::



City of Residence:: Bronshoj  
State or Province of Residence::  
Country of Residence:: Denmark  
Street of Mailing Address:: Baekkeskovvej 64  
City of Mailing Address:: Bronshoj  
State or Province of Mailing Address::  
Country of Mailing Address:: Denmark  
Postal or Zip Code of Mailing Address:: 2700

**Correspondence Information**

Correspondence Customer Number::

001444

**Representative Information**

Representative Customer Number::

001444

**Domestic Priority Information**

Application:: Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application National Stage of

PCT/DK2003/0005

09/10/03

85

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Denmark	PA 2002 01328	09/10/02	Yes

**Assignment Information**

Assignee Name:: NatImmune A/S  
Street of Mailing Address:: Fruebjergvej 3  
City of Mailing Address:: Kobenhavn O  
State or Province of Mailing Address::  
Country of Mailing Address:: Denmark  
Postal or Zip Code of Mailing Address:: 2100